Bankers Life and Casualty Company

GR-N400-CA

This policy form is for Home Care Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum	Policy Benefit	Amounts		Elimination F	Periods	
☑ 1 Yr. ☑ 5 Yrs. □ Important	✓ 2 Yrs.☐ 6 Yrs.Company Notes	✓ 3 Yrs. ☐ 7 Yrs.	✓ 4 Yrs. ☐ Lifetime	✓ 0 days ☐ 20 days ☐ 30 days	☐ 60 days ☐ 90 days ☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day
Home Care	e Only Benefit	Amounts		Inflation Prof	tection	
	um to \$1400 max red in increments per week			✓ 5% Compo		nteed Purchase Option
☐ Important	Company Notes	: Not Avai	lable	✓ Important	Company Notes:	
				Maximum Weekl per claim episod	y Benefit Amount and to e are increased each po	nd inflation options The he Maximum Benefit Amount olicy anniversary by the to claims paid. Premiums

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Home Care Only Policy with a \$100 daily benefit amount.

remain level.

28* Day Elimination Period.			42** Day Elim	nination Period.	42** Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$308	\$620	\$291	\$587	Not Available	Not Available
55	\$402	\$772	\$381	\$731	Not Available	Not Available
60	\$538	\$979	\$509	\$927	Not Available	Not Available
65	\$751	\$1,271	\$711	\$1,203	Not Available	Not Available
70	\$1,071	\$1,685	\$1,013	\$1,594	Not Available	Not Available
75	\$1,425	\$2,111	\$1,349	\$1,997	Not Available	Not Available
80	\$1,763	\$2,488	\$1,668	\$2,354	Not Available	Not Available

Maximum Policy Renefit Amounts

This policy form is for Home Care Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum	i oney bener	it / tilloulito		Liiiiiiddoi i Cilous			
☐ 1 Yr.	☐ 2 Yrs.	✓ 3 Yrs.	☐ 4 Yrs.	✓ 0 days	☐ 60 days	TYPE	
✓ 5 Yrs.	☐ 6 Yrs.	☐ 7 Yrs.	Lifetime	\square 20 days		☐ Calendar Day	
☐ Importan	t Company Note	s:			\square 100 days	☐ Service Day	
						·	
_							
Home Car	e Only Benefi	it Amounts		Inflation Protection			
\$50 minimu	ım to \$250 mavii	mum per [day v	week or monthl				

\$50 minimum to \$250 maximum per [day, week or month] offered in increments of \$10.

✓ per day per week per month

☐ Important Company Notes: ☐ Not Available

✓ 5% Compound

Flimination Periods

☐ Guaranteed Purchase Option

☐ 5% Simple

✓ Important Company Notes:

5% compound increase rider increases Daily Benefit by 5% compounded annually

Waiver of Premium

No waiver provision

Annual premium amount for Home Care Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period	90 Day Elimination Period	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$177	\$451	\$161	\$410	\$230	\$585
55	\$236	\$495	\$214	\$450	\$306	\$643
60	\$353	\$566	\$321	\$514	\$459	\$734
65	\$550	\$825	\$500	\$750	\$714	\$1,071
70	\$942	\$1,319	\$857	\$1,200	\$1,224	\$1,714
75	\$1,532	\$1,991	\$1,392	\$1,810	\$1,989	\$2,586
80	\$2,710	\$3,387	\$2,463	\$3,079	\$3,519	\$4,399

Physicians Mutual Insurance Company

P105BB

This policy form is for Home Care Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum	Policy Benefit	Amounts		Elimination Periods			
☑ 1 Yr. ☑ 5 Yrs. ☐ Important	☑ 2 Yrs. ☐ 6 Yrs. Company Notes:	✓ 3 Yrs. ☐ 7 Yrs.	✓ 4 Yrs. ☐ Lifetime	✓ 0 days ☐ 20 days ✓ 30 days		TYPE ✓ Calendar Day □ Service Day	
Home Care	Only Benefit	Amounts		Inflation Protection			
month] offere □ per day -	Im to \$4500 max ed in increments ☐ per week Company Notes:	of \$300. ✓ per mont	:h	✓ 5% Compo✓ 5% Simple☐ Important		nteed Purchase Option	

Waiver of Premium

Chronically ill individual for 6 months

Annual premium amount for Home Care Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period	90 Day Elimination Period	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$322	\$650	\$226	\$477	Not Available	Not Available
55	\$410	\$815	\$279	\$545	Not Available	Not Available
60	\$526	\$1,022	\$386	\$749	Not Available	Not Available
65	\$727	\$1,429	\$554	\$1,038	Not Available	Not Available
70	\$1,267	\$2,202	\$920	\$1,597	Not Available	Not Available
75	\$2,239	\$3,490	\$1,631	\$2,543	Not Available	Not Available
80	\$3,599	\$4,916	\$2,590	\$3,537	Not Available	Not Available

The Prudential Insurance Company of America

GRP 112522C

This policy form is for Home Care Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum	Policy Benefit	Amounts		Elimination Periods				
□ 1 Yr. ✔ 5 Yrs. □ Importan	☑ 2 Yrs. ☐ 6 Yrs. t Company Notes:	✓ 3 Yrs.☐ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	☐ 0 days ☐ 20 days ☑ 30 days	✓ 60 days✓ 90 days☐ 100 days	TYPE ✓ Calendar Day ☐ Service Day		
Home Cai	re Only Benefit	Amounts		Inflation Protection				
	to \$ maximum per ncrements of \$. per week	[day, week o ☐ per mont	-	✓ 5% Compo✓ 5% Simple		ranteed Purchase Option		
☐ Importan	t Company Notes:	☐ Not Avail	able	Important	Company Notes:	:		
-	. ,			increased by 5% Periodic Offer mo DMB is increase	compound interest bust be made every 3 d by 5% simple intere	cept DMB and LMB are before claims are subtracted. yrs. 5% Simple: Annually, the est. Then the LMB is increased aid during prior policy year are		

Waiver of Premium

Premiums are waived beginning the first day of the month after benefits are paid.

Annual premium amount for Home Care Only Policy with a \$100 daily benefit amount.

deducted from this amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period	90 Day Elimination Period	
3 Y	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$483	\$1,080	\$437	\$977	\$681	\$1,525
55	\$653	\$1,339	\$591	\$1,210	\$922	\$1,889
60	\$824	\$1,597	\$745	\$1,444	\$1,162	\$2,254
65	\$1,174	\$2,182	\$1,061	\$1,973	\$1,656	\$3,080
70	\$1,870	\$3,240	\$1,691	\$2,930	\$2,640	\$4,573
75	\$3,161	\$5,093	\$2,858	\$4,604	\$4,461	\$7,187
80	Not Available	Not Available	\$4,831	\$7,236	\$0	Not Available

The Prudential Insurance Company of America

GRP 112522S

This policy form is for Home Care Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Poli	aximum Policy Benefit Amounts				eriods			
	∄ 2 Yrs. ∄ 6 Yrs. npany Notes:	✓ 3 Yrs.☐ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	□ 0 days □ 20 days ☑ 30 days		TYPE ☐ Calendar Day ✓ Service Day		
Home Care Only Benefit Amounts				Inflation Protection				
\$ minimum to \$ maximum per [day, week or month] offered in increments of \$.			month]	✓ 5% Compound✓ Guaranteed Purchase Option✓ 5% Simple				
☐ Important Com	npany Notes:	☐ Not Availat	ole	5% Compound: S increased by 5% Periodic Offer mu DMB is increased	est be made every 3 yrs. If by 5% simple interest. Prest. Any benefits paid	ot DMB and LMB are ore claims are subtracted. . 5% Simple: Annually, the Then the LMB is increased during prior policy year are		

Waiver of Premium

Premiums are waived beginning the first day of the month after benefits are paid.

Annual premium amount for Home Care Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period	90 Day Elimination Period	
3 Y	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$478	\$1,071	\$420	\$939	\$655	\$1,466
55	\$647	\$1,327	\$568	\$1,164	\$886	\$1,817
60	\$816	\$1,583	\$716	\$1,388	\$1,118	\$2,167
65	\$1,163	\$2,163	\$1,020	\$1,897	\$1,593	\$2,961
70	\$1,854	\$3,211	\$1,626	\$2,817	\$2,538	\$4,397
75	\$3,133	\$5,047	\$2,748	\$4,427	\$4,290	\$6,911
80	Not Available	Not Available	\$4,645	\$6,958	\$0	Not Available

Bankers Life and Casualty Company

GR-N410-CA

This policy form is for Home Care Only. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods			
✓ 1 Yr.	✓ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	✓ 0 days	☐ 60 days	TYPE	
✓ 5 Yrs.	☐ 6 Yrs.	☐ 7 Yrs.	\square Lifetime	\square 20 days	\square 90 days	Calendar Day	
☐ Important C	Company Notes	:		\square 30 days	\square 100 days	Service Day	

Home Care Only Benefit Amounts

\$350 minimum to \$1400 maximum per [day, week or month] offered in increments of \$70.

☐ per day ☑ per week ☐ per month

☐ Important Company Notes: ☐ Not Available

Inflation Protection

✓ 5% Compound ☐ Guaranteed Purchase Option

✓ 5% Simple

✓ Important Company Notes:

Also available are 3% and 4% compound inflation options The Maximum Weekly Benefit Amount and the Maximum Benefit Amount per claim episode are increased each policy anniversary by the selected inflation option without regard to claims paid. Premiums remain level.

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Home Care Only Policy with a \$100 daily benefit amount.

28* Day Elimination Period.			42** Day Elim	nination Period.	42** Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$346	\$697	\$327	\$659	Not Available	Not Available
55	\$452	\$868	\$428	\$821	Not Available	Not Available
60	\$605	\$1,100	\$572	\$1,041	Not Available	Not Available
65	\$844	\$1,428	\$799	\$1,351	Not Available	Not Available
70	\$1,203	\$1,893	\$1,138	\$1,791	Not Available	Not Available
75	\$1,602	\$2,371	\$1,515	\$2,244	Not Available	Not Available
80	\$1,980	\$2,795	\$1,874	\$2,645	Not Available	Not Available

This policy form is for Home Care Only. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods			
☐ 1 Yr.	2 Yrs.	✓ 3 Yrs.	☐ 4 Yrs.	✓ 0 days	☐ 60 days	TYPE	
✓ 5 Yrs.	☐ 6 Yrs.	☐ 7 Yrs.	Lifetime	\square 20 days		\square Calendar Day	
☐ Important Company Notes:				✓ 30 days	\square 100 days	☐ Service Day	

Home Care Only Benefit Amounts

\$50 minimum to \$250 maximum per [day, week or month] offered in increments of \$10.

✓ per day
☐ per week
☐ per month

☐ Important Company Notes: ☐ Not Available

Inflation Protection

☐ 5% Simple

✓ Important Company Notes:

5% compound increase rider increases Daily Benefit by 5% compounded annually

Waiver of Premium

No waiver provision

Annual premium amount for Home Care Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period	90 Day Elimination Period	
3 Year Maximum Policy Benefit			3 Year Maximu	m Policy Benefit	Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$177	\$451	\$161	\$410	\$230	\$585
55	\$236	\$495	\$214	\$450	\$306	\$643
60	\$353	\$566	\$321	\$514	\$459	\$734
65	\$550	\$825	\$500	\$750	\$714	\$1,071
70	\$942	\$1,319	\$857	\$1,200	\$1,224	\$1,714
75	\$1,532	\$1,991	\$1,392	\$1,810	\$1,989	\$2,586
80	\$2,710	\$3,387	\$2,463	\$3,079	\$3,519	\$4,399